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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
0.440.005450.000												
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA							RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))								,				
TOTAL CLAIMS						_	<u> </u>	3	OR		\ \s	
(37 CFR 1.16(c)) /5 minus / Winus / Wi							x\s=	_	OR	X S =		
(37 CFR 1.16(b)) minus X=							× 2/=	V	9	X \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+,		OR	+ \$=		
¹ If the difference in column 1 is less than zero, enter '0' in column 2.							TOTAL		OR	TOTAL		
	C	LAIMS AS AMI	ENDED	- PART II								
		(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	R THAN ENTITY	
⋖		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATL	:\DD1-	
z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAI.	
M	Total	. /	Minus	**	=			766			FEE	
ENDMENT	(37 CFR 1.16(c)) Independent	. /	Minus	***	<u> </u>		X \$=		OR	X \$=		
ME!	(37 CFR 1.16(b))	1			L		x s=		OR	X \$=		
AM	FIRST PRESENT	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+\$=		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
ω		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		0.475		
닐		AFTER		PREVIOUSLY	EXTRA		1016	TIONAL		RATE	ADDI- TIONAL	
ENDMENT	Total	AMENDMENT .	Minus	PAID FOR	=			FEE !			FEE	
õ	(21 CFR 1.16(c)) Independent		445		<u> </u>		x 2 =		OR	X \$=		
LE LE	(17 CFR 1.16(b))		Minus		=		X \$= -		OR	X \$_ =		
AM	FIRST PRESEM	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	£ R 1.16(d))		+ \$=		OR	+ \$=		
	•						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
C		CLAIMS REMAINING	-	HIGHEST NUMBER	PRESENT		DATE	4001		0.170		
		AFTER		PREVIOUSLY	EXTRA		RATE	ADDI- TIONAL		RATE	. ADDI- TIONAL	
JE J	17:36	ARCONAGES	Minus	PAID FOR				FEE			FEE	
Ó	(37 CFR 1.16(c))						X \$=		OR	X \$=		
E N	Independent (37 CFR 1.16(b))	'	Minus		=		x \$ =	ĺ	OR	X \$_ =		
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+; =		
						•	TOTAL			TOTAL		
1	" If the entry in a	oluma 1 is less ma	in the entr	y in column 2 wa	le 70° la colução	3	7501, FEE		5O	ADDILITEE		
If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For IN This SPACE is less man 3, enter 3.

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the approximate bor in column 1.

This collection of internation is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form end/or suggestions for reducing this burden, stocked be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Hyou need assistance in completing the form, cell 1-800-PTO-0199 and select-option 2,----